STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT

1591971

REPORT NO. EB61248

CASE #	21-017434
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

INTERSTATE ☐ CITY STREET ☑ STATE ROUTE ☐ OTHER ☐ COUNTY RD ☐ PRIVATE WAY ☐

FIRE RESULTED ☐ STOLEN VEHICLE ☐ HIT & RUN INVOLVED ☐

TRIBAL RESERVATION

DATE OF COLLISION (M M – D D – Y Y Y Y)	TIME (2400)	COUNTY #	MILES				CITY #
08 – 20 – 2021	0932	17	.	N ☐ S ☐	E ☐ W ☐	IN ☑ OF ☐	1065

ON (PRIMARY TRAFFIC WAY) NE 99 ST — INTERSECTION ☑ NON INTERSECTION ☐

BLOCK NO. ☐ MILE POST ☐

DISTANCE . MILES ☐ FEET ☐ N ☐ S ☐ E ☐ W ☐ OF (REFERENCE OR CROSS STREET) 166 AV NE

UNIT 01

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☑ NO ☐ PHONE

LAST NAME	FIRST NAME	MIDDLE INITIAL
KIVELA	PATRICIA	M

STREET NEW ADDRESS ☐ 16405 NE 95 ST #C114 — CITY REDMOND — ST WA — ZIP 98052

CDL — IGNITION INTERLOCK REQUIRED YES ☐ NO ☑ — IGNITION INTERLOCK PRESENT YES ☐ NO ☑ — MEDICAL TRANSPORTED YES ☐ NO ☑

DRIVER'S LICENSE # Exemption 1A — STATE WA — SEX F — D.O.B. MMDDYY 11 – 26 – 1949

ON DUTY ☐ — STATUS — AIRBAG 2 — RESTR 4 — EJECT 1 — HELMET USE 2 — INJURY CLASS 1 — NATURE OF INJURIES

LICENSE PI ATF # RAV4OMA — STATE WA — VIN # JTMZD32V785082779

TRAILER PLATE # — STATE — TRAILER PLATE # — STATE

TRLR VIN # — TRLR VIN #

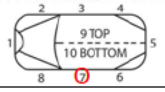
VEH. YEAR 2008 — MAKE TOYT — MODEL RAV4 — STYLE HB — VEHICLE TOWED DUE TO DISABLING DAMAGE YES ☐ NO ☑ — TOWED BY — GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☑ — INSURANCE CO & POLICY # GEICO 4409-35-67-81

VEHICLE LEGALLY STANDING YES ☑ NO ☐ — CITATION # — CHARGE

VEHICLE NO. 1
SHADE IN DAMAGED AREA



UNIT 02

MOTOR VEHICLE ☐ PEDAL-CYCLE ☑ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☑ PHONE

LAST NAME	FIRST NAME	MIDDLE INITIAL
POLLARD	K	

STREET NEW ADDRESS ☐ 16518 NE 91 ST #A2 — CITY REDMOND — ST WA — ZIP 98052

CDL — IGNITION INTERLOCK REQUIRED YES ☐ NO ☐ — IGNITION INTERLOCK PRESENT YES ☐ NO ☐ — MEDICAL TRANSPORTED YES ☐ NO ☐

DRIVER'S LICENSE # — STATE — SEX X — D.O.B. MMDDYY – –

ON DUTY ☐ — STATUS 1 — AIRBAG — RESTR — EJECT 3 — HELMET USE 7 — INJURY CLASS 6 — NATURE OF INJURIES SORE SHOULDER

LICENSE PLATE # — STATE — VIN #

TRAILER PLATE # — STATE — TRAILER PLATE # — STATE

TRLR VIN # — TRLR VIN #

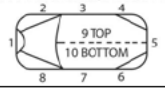
VEH. YEAR — MAKE — MODEL — STYLE — VEHICLE TOWED DUE TO DISABLING DAMAGE YES ☐ NO ☐ — TOWED BY — GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO

LIABILITY INSURANCE IN EFFECT ☐ — INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ — CITATION # — CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)	OFFICER PHONE	BADGE OR ID #	AGENCY
S LINCOLN		1863	WA0171200

PART A 3000-345-159 (R 11/18)

PAGE 01 OF 4

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. EB61248

CASE # 21-017434

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)	SCOTT CAROLYN M

ADDRESS & PHONE #	SEX	D.O.B. MMDDYYYY
16554 NE 99 ST REDMOND WA 98052 4257651034	U	11 - 30 - 1971

PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
☐	☑								

NAME (LAST, FIRST, MIDDLE INITIAL)	

ADDRESS & PHONE #	SEX	D.O.B. MMDDYYYY
		- -

PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
☐	☐								

NAME (LAST, FIRST, MIDDLE INITIAL)	

ADDRESS & PHONE #	SEX	D.O.B. MMDDYYYY
		- -

PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
☐	☐								

NARRATIVE

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

S LINCOLN		08-20-21 01:52 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
G TWENTEY 3599	8/25/2021 10:05:06 AM

BADGE OR ID #	1863	ORI #	WA0171200	TIME POLICE DISPATCHED	9:32 AM	TIME POLICE ARRIVED	9:55 AM

NARRATIVE

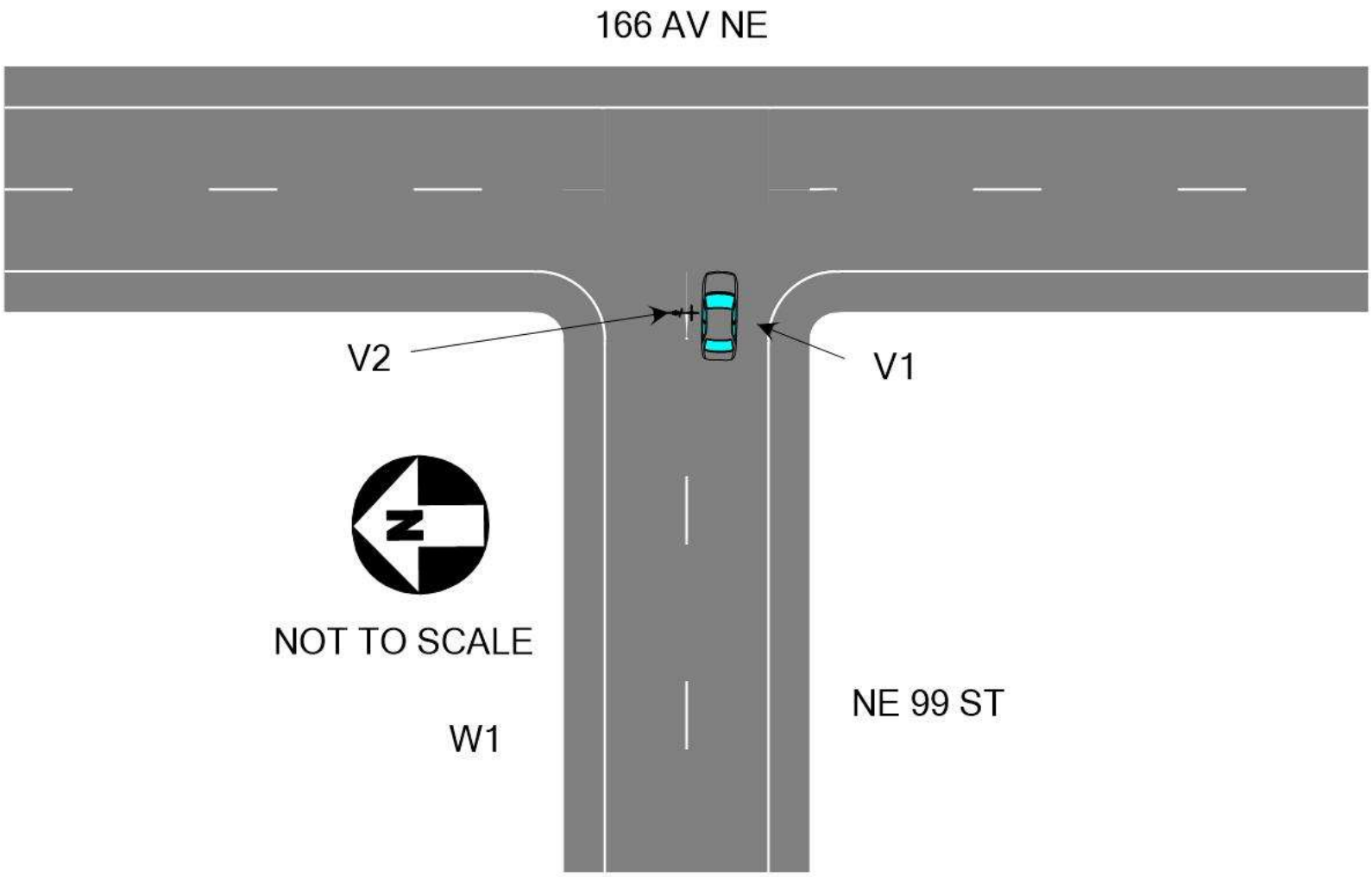
I was assigned to investigate a car vs pedestrian hit & run. I spoke with the mother of the bicyclist, Alexa. She stated that her son, Kash, had just come home and explained that he had been hit by a car and the car had left the scene. She said that she was at the hospital emergency room to have him evaluated for any injuries. As I spoke with Alexa, the other driver called in to 911.

I spoke with driver 1, Kivela, at her work place. She told me she was stopped on eastbound NE 99 St at 166 Av NE, waiting to enter traffic when the bicyclist rode into the left side of her vehicle. She said the bicycle crashed and she spoke with the rider, asking if he was hurt. She said the boy appeared to be around 10 years old and she asked him for his parent's names and phone numbers so that she could call them for him, but he could not remember the number. Kivela's vehicle had a fresh dent and some scrapes to the lower portion of her driver's door. Photos uploaded to evidence.com.

Witness Scott stated she was leaving her house, a short distance from the intersection, and saw the bicyclist collide with the side of the vehicle. She said the vehicle was stopped and that the bicycle appeared to collide with the side of the car without any attempt at braking. She said she and the driver approached the bicyclist to determine injuries and see if they could help out in any way.

I followed up and spoke with Alexa. She said that her son's injuries were bruises and that he didn't have any broken bones or other injuries. I explained the situation and mailed her an exchange form.

**** AUTO-POPULATED SECTION ****
THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":
Pedalcyclist POLLARD
Roadway Type: SIDEWALK
**** END OF AUTO-POPULATED SECTION ****


166 AV NE
V2
V1
N
NOT TO SCALE
W1
NE 99 ST